

ISSUE SLIP STAPLE AREA (for additional cross reference)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | JB       |        | 05-15-01 |
| O.I.P.E. CLASSIFIER       | ML       |        | 6-1-01   |
| FORMALITY REVIEW          | BT       | 975    | 07-02-01 |
| RESPONSE FORMALITY REVIEW | AM       | 981    | 07-02-01 |

INDEX OF CLAIMS

Rejected N Non-elected  
 Allowed I Interference  
 (Through numeral) Canceled A Appeal  
 Restricted O Objected

| Claim | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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101-101  
9-7-01